



# DIABETES IN ORANGEBURG COUNTY

SC Department of Health and Environmental Control

◆ Diabetes Control Program ◆ Chronic Disease Epidemiology Branch  
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Orangeburg county.

## Behavioral Risk Factors

Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Orangeburg county and SC in 1998.

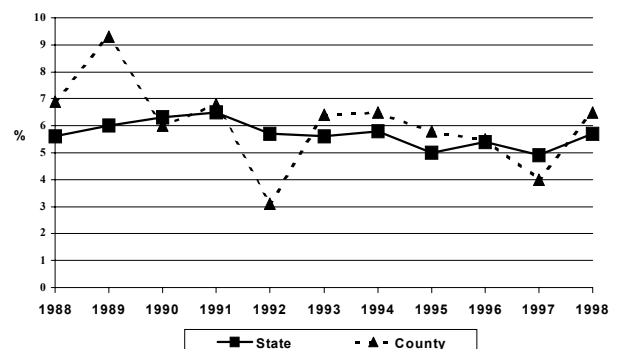
Table 1. Prevalence (%) of  
Behavioral Risk Factors for Diabetes

	Orangeburg County	SC
Overweight	55.0	52.3
Current Smokers	25.2	24.7
Physical Inactivity	63.4	61.6
Consuming fruits and vegetables less than 5-A-Day	79.1	78.2
Hypertension (1997)	24.5	24.4
High Cholesterol (1997)	28.3	26.7

## Prevalence

In 1998 there were approximately 4,236 adults (6.5%) aged 18 and older living in Orangeburg county who have been told by a doctor some time in their life that they have diabetes (Figure 1).

Figure 1. Prevalence of Self-Reported  
Diabetes among Adults, Orangeburg, 1988-1998



## Morbidity and Complications

In 1997, there were 197 hospital discharges with diabetes as the primary diagnosis among Orangeburg county residents. During the same year, there was an additional 1904 hospital discharges with diabetes-related condition. African-Americans had more hospitalizations for diabetes than whites: 155 (78%) for diabetes as the primary diagnosis, and 1128 (59%) hospitalizations for diabetes as a related condition.

In 1997, hospital charges for hospitalizations of Orangeburg county residents having diabetes as primary diagnosis were up to \$1.9 million and \$28.7 million for diabetes as a related condition. The total length of hospital stay for diabetes as the primary

diagnosis was 1427 days.

Orangeburg county patients with diabetes who had diabetes-related complications in 1997 included:

- 155 (7.4%) with renal manifestations;
- 59 (2.8%) with lower extremity amputations related to diabetes;
- 62 (2.9%) with diabetic ketoacidosis;
- 98 (4.7%) with renal failure;
- 93 (4.4%) with dialysis.

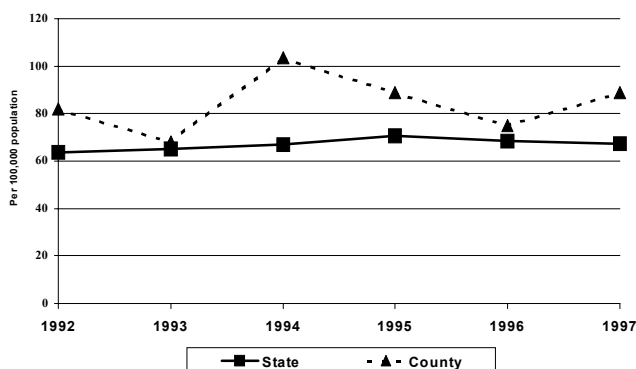
Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 2080 hospitalizations for patients with diabetes, 1730 (83%) had cardiovascular diseases, and 323 (15.5%) had stroke.

In 1997, there were 158 emergency room (ER) visits for diabetes as the primary diagnosis, among which 133 (84%) were for African-American patients. In addition, there were 466 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$134,668.

## Mortality

In 1997, diabetes was listed as the underlying cause of death for 47 residents of Orangeburg county. This is an age-standardized mortality rate of 45.8 per 100,000 population, higher than the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 94 deaths in Orangeburg county; a standardized mortality rate of 88.9 per 100,000 population.

**Figure 2. Age-Adjusted Mortality Rate of Diabetes, Orangeburg, 1992-1997**



A total of 619 potential years of life were lost in 1997 because people died prematurely from diabetes. Diabetes mortality in Orangeburg county follows the national pattern of diabetic mortality that African-Americans has higher mortality rates than whites. African-American women had the highest standardized mortality (139 per 100,000 population) among all race-sex groups.

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